

Use of form: Completion of this form meets the requirements of Wisconsin Statute, Chapter 48. This form has consolidated form CFS-205 and CFS-205A into one form, a revised CFS-205. The completion of this form is necessary when determining if a child meets the income and asset requirements in the eligibility month for Initial IV-E Eligibility. It is not necessary to complete this form for IV-E redetermination since only this child's income and assets are counted in determining if this child meets the income and asset limits for IV-E redetermination. Additionally, the income and asset limits are different for IV-E redetermination than they are for Initial IV-E determination.

Name - Child (Last, First)	Case Number
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Address - Household (Street, City, State, Zip Code)

[illegible]

Based on the eligibility month, provide the gross monthly income and assets of any AFDC group members living in the household (removal home) at the time of this child's removal. Refer to Section 6.14 and 6.23 of the Title IV-E Eligibility and Reimbursability Policy Manual for information on determining the AFDC group members and the Deeming group's AFDC group.

[illegible]

C. Income Worksheet

Complete the income worksheet from the information provided in Section B. of this form to determine if this child meets the income criteria. Refer to Sections 6.20, 6.21 and 6.22 in the Title IV-E Eligibility and Reimbursability Policy Manual for countable and exempt earned and unearned income. Refer to Sections 6.14 - 6.25 of the Title IV-E Eligibility and Reimbursability Policy Manual for information on determining the AFDC group and the deeming group, as well as instructions on how to calculate the household's income.

INCOME WORKSHEET CALCULATION

Deeming group's AFDC group size: _____	Child's AFDC group size: _____
Deeming group's AFDC 100% standard of need: \$ _____	Child's AFDC 100% standard of need: \$ _____
DEEMING INCOME TEST	100% STANDARD OF NEED INCOME TEST
Gross countable earned monthly income: \$ _____	Gross countable earned income: \$ _____
Subtract \$90 work expense (per employee): -\$ _____	Subtract \$90 work expense: -\$ _____ (for each working member)
Subtotal: =\$ _____	Subtotal: =\$ _____
Subtract dependent care costs: -\$ _____	Subtract \$30 disregard: -\$ _____ (for each working member)
Subtotal: =\$ _____	Subtotal: =\$ _____
Add countable unearned income: +\$ _____	Multiply subtotal by .666 and enter here: \$ _____
Subtract child support / alimony paid out: -\$ _____	Subtract dependent care costs: -\$ _____
Subtract 100% standard of need for Deeming group's AFDC group: -\$ _____	Add total countable unearned income (child support [subtract \$50], deemed income, etc.): +\$ _____
TOTAL DEEMED INCOME: =\$ _____	Subtract court ordered child support / alimony paid out: -\$ _____
Note: Add "total deemed income" into the "unearned income" amount for the 100% Standard of Need Income test.	TOTAL ADJUSTED INCOME: =\$ _____
	Note: Allow dependent care of \$175 per person, \$200 if under age 2 years.

D. Income and Asset Finding

Yes No

- ☐ ☐ 1. Total Countable Assets: \$ _____. Are the total countable assets in B. of this form less than \$10,000?
If "Yes" this child meets the asset requirement. Proceed to question 2.
If "No" this child is not IV-E eligible. Enter finding in question 10. on form CFS-201, "Title IV-E Out-of-Home Care Determination", and complete the remainder of form CFS-201.
- ☐ ☐ 2. Total Adjusted Income: \$ _____. Is the "Total Adjusted Income" in C. of this form less than this child's "100% Standard of Need"?
If "Yes" this child meets the income requirement.
If "No" this child is not IV-E eligible. Enter finding in question 11. on form CFS-201, "Title IV-E Out-of-Home Care Determination", and complete the remainder of form CFS-201.

SIGNATURE - State / County Authorization

Date Completed
(mm/dd/yyyy)

☐ County ☐ DHFS ☐ DJC